VERIFIED VICTIM STATEMENT OF FINANCIAL LOSS

Juvenile's Name: Probation Officer:	J#:	F#:
Your Loss:		
If you are asking for restitution, but hearing to testify about your loss, please probation officer. If you would prefer to may do so by bringing this form with you to	complete this for testify about yo	m and return it to the ur loss in court, you
The Crime:		
Even though you return this form to the required to attend court and testify about County Attorney to testify, you should atte summons or subpoena, you must attend the continuous control of the control	the crime. If yo and the court hear	u are requested by the
NAME OF VICTIM:		DATE:
ADDRESS:		DATE:
CITY:STATE:	ZIP CODE:	
ATTACH DOCUMENTATION OF YOUR LOSSES WITH S MEDICAL BILLS, REPAIR ESTIMATES OR INVOICES YOUR CLAIM CANNOT BE CONSIDERED WITHOUT DOC	, VALUE APPRAISAL	
1. Total amount of lost wages	\$	
2. Total medical expenses	\$	
3. Total cost of property damage or loss	\$	
4. Total of losses (lines 1, 2 and 3)	\$	
5. Total reimbursement from insurance	\$	
6. Subtract line 5 from line 4; this is the amount the Juvenile Court will consider	e \$	
VERIFICA	TION	
State of Arizona - County of Maricopa		
	ng list and knows	
-	VICTIM	SIGNATURE
Subscribed and sworn to before me this	day of	, 19
My commission expires	·	
	N	OTARY PUBLIC SIGNATURE
RETURN TO:		
The Clerk of the Superior Court or 3125 W. Durango	The Clerk of 1810 S. Lewis	the Superior Court S Street

Mesa, AZ 85210

Phoenix, AZ 85009